



**University of
Zurich^{UZH}**

**Zurich Open Repository and
Archive**

University of Zurich
University Library
Strickhofstrasse 39
CH-8057 Zurich
www.zora.uzh.ch

Year: 2012

Topical treatment habits in psoriasis patients receiving adalimumab

Kolios, A G A ; Rusca, F ; Reisenbauer, K ; Cozzio, A ; French, L E ; Navarini, A A

Abstract: **BACKGROUND:** Biologics are used increasingly to treat moderate-to-severe psoriasis. Here the topical treatment habits (corticosteroids and vitamin D derivatives) and moisturizer use of 97 Swiss patients (male 65, female 32) receiving adalimumab have been evaluated. **METHODS:** Using a short cross-sectional survey the pharmacist asked patients during telephone contact about their topical treatment habits and psoriasis activity. **RESULTS:** 47 patients with adalimumab monotherapy were still free of psoriatic lesions after a longer follow-up of 13 months of therapy; 8 of them still used topical treatment. In contrast, 38 of 50 patients with remaining lesions used topicals. More than 75% of patients indicated that the perceived efficacy of additional topical therapy was 5 on a visual analog scale (0-10). The use of moisturizers did not correlate with disease activity. **CONCLUSION:** Topical treatment use by adalimumab patients is associated with remaining disease activity. 83% of patients without residual plaques (40% of all adalimumab patients) are able to stop topical treatment completely.

DOI: <https://doi.org/10.1159/000336776>

Posted at the Zurich Open Repository and Archive, University of Zurich

ZORA URL: <https://doi.org/10.5167/uzh-73227>

Journal Article

Published Version

Originally published at:

Kolios, A G A; Rusca, F; Reisenbauer, K; Cozzio, A; French, L E; Navarini, A A (2012). Topical treatment habits in psoriasis patients receiving adalimumab. *Dermatology*, 224(3):228-230.

DOI: <https://doi.org/10.1159/000336776>

Topical Treatment Habits in Psoriasis Patients Receiving Adalimumab

A.G.A. Kolios^a F. Rusca^b K. Reisenbauer^c A. Cozzio^a L.E. French^a
A.A. Navarini^a

^aDepartment of Dermatology, University Hospital Zurich, Zurich, ^bHumira Direct Pharmacy, Meilen, and

^cSwiss Union of Health Insurances, Solothurn, Switzerland

Key Words

Adalimumab · Psoriasis · Biologics · Topical therapy

Abstract

Background: Biologics are used increasingly to treat moderate-to-severe psoriasis. Here the topical treatment habits (corticosteroids and vitamin D derivatives) and moisturizer use of 97 Swiss patients (male 65, female 32) receiving adalimumab have been evaluated. **Methods:** Using a short cross-sectional survey the pharmacist asked patients during telephone contact about their topical treatment habits and psoriasis activity. **Results:** 47 patients with adalimumab monotherapy were still free of psoriatic lesions after a longer follow-up of 13 months of therapy; 8 of them still used topical treatment. In contrast, 38 of 50 patients with remaining lesions used topicals. More than 75% of patients indicated that the perceived efficacy of additional topical therapy was ≥ 5 on a visual analog scale (0–10). The use of moisturizers did not correlate with disease activity. **Conclusion:** Topical treatment use by adalimumab patients is associated with remaining disease activity. 83% of patients without residual plaques (40% of all adalimumab patients) are able to stop topical treatment completely.

Copyright © 2012 S. Karger AG, Basel

Introduction

Psoriasis is a chronic inflammatory disease of the skin and can be treated both with topical and systemic drugs, depending on severity [1]. The introduction of biologics for moderate-to-severe psoriasis resulted in both increased treatment success and fewer side effects [2]. Upon introduction of biologics, topicals are usually not actively stopped by treating dermatologists [3]. Instead, patients are free to add moisturizers or topical drugs depending on remaining disease activity such as remaining plaques on the shins.

It is not clear whether adding active topical agents to adalimumab yields an advantage for the patients. Instead, the BELIEVE study showed that monotherapy with adalimumab was more efficacious at week 16 than adalimumab combined with topical corticosteroids and vitamin D analogues [4]. The PASI75 responses between patients with and without prior anti-TNFs were similar for topical treatments regardless of whether the participants used calcipotriol +/- corticosteroids or placebo [3, 5].

Moisturizers with urea and salicylic acid have been shown to increase glucocorticoid penetration (steroid-sparing effects). Moisturizer 1× per day and betamethasone 1× per day is equally effective as betamethasone 2× per day [6]. It could be shown that an ointment with 10%

urea for 2 weeks increased stratum corneum hydration, decreased transepidermal water loss, reduced epidermal thickness (–40%) and decreased epidermal proliferation (–51%) [7]. In addition, petroleum jelly (soft paraffin) alone can inhibit the Köbner response in psoriasis [8].

If an additional efficacy was achieved by adding topicals to adalimumab [9], this might be reflected by patients' topical treatment habits. Here the topical treatment habits of a Swiss patient collective serviced by a pharmacy specialized in delivering adalimumab to patients' homes were studied.

Methods

97 patients (male 65, female 32) with a median age of 50 years (SD 13.9 years) and moderate-to-severe psoriasis vulgaris previously unresponsive to other topical (corticosteroids, vitamin D derivatives) and/or systemic therapies (PUVA, methotrexate, acitretin, cyclosporin, TNF- α antagonists) were analyzed. During a routine telephone contact with patients having opted for home delivery of adalimumab, they were asked by the pharmacist about their topical treatment habits and psoriasis activity in the form of a short cross-sectional survey. Informed consent was given by all participants. The interview included questions about previous therapies, date of first diagnosis, date of starting adalimumab, need of topical care and application (daily, every second day, as needed), skin care, remaining/new psoriatic lesions with localization, and improvement after starting adalimumab by a verbal rating scale. 'As needed' was defined as a maximum of once weekly.

Results

The median duration of adalimumab therapy at the time point of consultation was 13 months (SD 6.9 months). The median year of first diagnosis of psoriasis was 1993 (SD 11.8 years). All patients were interviewed once only, between October 2010 and January 2011.

Previous systemic therapies included UVB/PUVA (83.5%), methotrexate (57.7%), acitretin (43.3%), cyclosporin (14.4%), other anti-TNF- α therapies (2.1%) and various others (12.4%). 15.5% of patients had three and 9.3% four previous systemic therapies. Psoriatic arthritis was present in 5 of 97 patients.

47 (48.5%) patients were free of psoriatic lesions after starting adalimumab after a mean duration of 13 months (SD 6.9 months). 8 of these still used topical therapy, but only once per week or less (5 patients corticosteroids and 3 a combination of corticosteroids and calcipotriol). Hence 39 patients (40.2%) unresponsive to other previous therapies were free of skin manifestations when receiving

Table 1. Use of topicals

	Active lesions	No lesions	Total
Topical treatment	38	8	46
No topical treatment	12	39	51
Total	50	47	97

Significant at $p < 0.0001$ (Fisher's exact test).

Table 2. Use of moisturizers

	Active lesions	No lesions	Total
Moisturizers	29	19	48
No moisturizers	21	28	49
Total	50	47	97

Not significant at $p = 0.153$ (Fisher's exact test).

a monotherapy with adalimumab without using topicals (table 1).

50 (51.5%) patients still had psoriatic lesions. Of these, 38 patients used topicals (20 patients a combination of corticosteroids and calcipotriol, 15 corticosteroids and 3 calcipotriol), but 22 only once per week or less. 12 patients with active lesions had stopped topical therapy altogether. When analyzing all 46 patients who used topicals, just 16 of them (16% of 97 patients) required the treatment more than once weekly. 32 of these patients (33%) evaluated the efficacy of topical treatment on a visual analog scale from 0 to 10 and indicated a value of ≥ 5 . When all patients who used topicals at any frequency were analyzed, the perceived efficacy was lower in patients who still had lesions (fig. 1). However, we did not find differences in perceived efficacy between the groups that used topicals daily, every second day or on demand. There was no correlation of duration of adalimumab vs. the use of topical therapy.

58% of patients with active lesions used moisturizers (18 patients daily, 11 patients once per week or less). 40% of patients without active lesions used moisturizers (13 daily, 6 once per week or less) (table 2).

24 of the remaining 50 patients with psoriatic lesions indicated a strong or very strong improvement of skin lesions compared to prior to adalimumab. 4 patients (4.1%) developed new lesions during therapy with adalimumab.

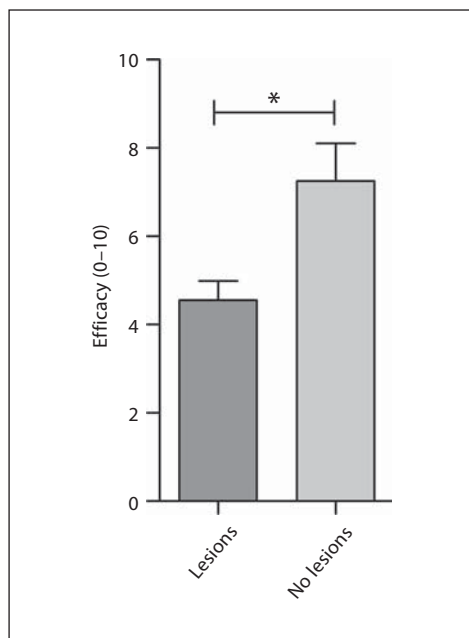


Fig. 1. Perceived efficacy of topicals by patients who still had lesions vs. patients without active psoriatic lesions (Mann-Whitney test, * $p < 0.05$).

Discussion

Topical treatment habits of patients treated with adalimumab for about 1 year correlated positively with the presence of remaining disease ($p < 0.0001$), but use of moisturizers did not. The weaknesses of this study are the lack of PASI values due to the design as a telephone survey, missing long-term observation and topical treatment consumption control. More than three quarters of patients indicated that the perceived efficacy of additional topical therapy was ≥ 5 on a visual analog scale (0–10). This suggests that subjectively, additional topical treatment is regarded as useful by most patients. Further prospective studies should investigate this question if an active guidance of topical therapy with all its long-term effects is strived for.

Disclosure Statement

F. Rusca is a distributor of adalimumab. All other authors have no financial interest or affiliations (relationships) to disclose.

References

- Christophers E, Griffiths CE, Gaitanis G, van de Kerkhof P: The unmet treatment need for moderate to severe psoriasis: results of a survey and chart review. *J Eur Acad Dermatol Venereol* 2006;20:921–925.
- Jensen P, Skov L, Zachariae C: Systemic combination treatment for psoriasis: a review. *Acta Derm Venereol* 2010;90:341–349.
- Pathirana D, Ormerod AD, Saiag P, Smith C, Spuls PI, Nast A, Barker J, Bos JD, Burmester GR, Chimenti S, Dubertret L, Eberlein B, Erdmann R, Ferguson J, Girolomoni G, Gisondi P, Giunta A, Griffiths C, Honigsmann H, Hussain M, Jobling R, Karvonen SL, Kemeny L, Kopp I, Leonardi C, Maccacone M, Menter A, Mrowietz U, Naldi L, Nijsten T, Ortonne JP, Orzechowski HD, Rantanen T, Reich K, Reytan N, Richards H, Thio HB, van de Kerkhof P, Rzany B: European S3-guidelines on the systemic treatment of psoriasis vulgaris. *J Eur Acad Dermatol Venereol* 2009;23(suppl 2):1–70.
- Thaci D, Ortonne JP, Chimenti S, Ghislain PD, Arenberger P, Kragballe K, Saurat JH, Khemis A, Sprogel P, Esslinger HU, Unnebrink K, Kupper H: A phase IIIb, multicentre, randomized, double-blind, vehicle-controlled study of the efficacy and safety of adalimumab with and without calcipotriol/betamethasone topical treatment in patients with moderate to severe psoriasis: the BELIEVE study. *Br J Dermatol* 2010;163:402–411.
- Kreuter A, Sommer A, Hyun J, Brautigam M, Brockmeyer NH, Altmeyer P, Gambichler T: 1% pimecrolimus, 0.005% calcipotriol, and 0.1% betamethasone in the treatment of intertriginous psoriasis: a double-blind, randomized controlled study. *Arch Dermatol* 2006;142:1138–1143.
- Lui H, Shapiro J: Once daily application of a combination of calcipotriol and betamethasone dipropionate (dovobet, daivobet) for the treatment of psoriasis. *Skin Therapy Lett* 2003;8:1–2.
- Hagemann I, Proksch E: Topical treatment by urea reduces epidermal hyperproliferation and induces differentiation in psoriasis. *Acta Derm Venereol* 1996;76:353–356.
- Comaish JS, Greener JS: The inhibiting effect of soft paraffin on the Köbner response in psoriasis. *Br J Dermatol* 1976;94:195–200.
- Ortonne JP, Chimenti S, Reich K, Gniadecki R, Sprogel P, Unnebrink K, Kupper H, Goldblum O, Thaci D: Efficacy and safety of adalimumab in patients with psoriasis previously treated with anti-tumour necrosis factor agents: subanalysis of BELIEVE. *J Eur Acad Dermatol Venereol* 2011;25:1012–1020.